TERCAP™

Taxonomy of Error, Root Cause Analysis and Practice-responsibility

Kentucky Board of Nursing

2008 Data Collection Instrument© 2//1/08

TERCAP Case ID Number _____

1. Full Name of Reviewer _____

Pick the incident that triggered the report to the board

2. State Board of Nursing _____ **3. Date of incident** _____ or □ Unknown

4. Patient age _____ or □ Unknown *If more than one patient was involved, report data for the patient with the most serious harm, or risk of harm*

5. Patient gender □ Female □ Male or □ Unknown

6. Were the patient's family and/or friends present at the time of the practice breakdown?
□ Yes □ No □ Unknown

7. Indicate whether the patient exhibited any of the following at the time of the practice breakdown *Check all that apply.*
□ Agitation /Combativeness □ Altered level of consciousness □ Cognitive impairment
□ Communication /Language difficulty □ Depression / Anxiety □ Inadequate coping /stress management
□ Incontinence □ Insomnia □ Pain Management □ Sensory deficits (hearing, vision, touch) □ None □ Unknown

8. Indicate the patient's diagnosis *Check no more than TWO diagnoses, those that contributed to the reported situation.*
□ Alzheimer's disease and other dementias (confusion) □ Arthritis □ Asthma □ Back problems □ Cancer
□ Congestive heart failure □ Depression and anxiety disorders □ Diabetes □ Emphysema □ Fractures
□ Gall bladder disease □ Gastrointestinal disorders □ HIV / AIDS □ Hypertension □ Infections
□ Ischemic heart disease (CAD, MI) □ Nervous system disorders □ Pneumonia □ Pregnancy
□ Renal / urinary system disorders □ Skin disorders □ Stomach ulcers □ Stroke (CVA)
□ Unknown diagnosis □ Other - please specify _____

9. What happened to the patient? *Check all that apply*
□ Patient fell □ Patient departed without authorization
□ Patient received wrong medication □ Patient received wrong treatment □ Patient received wrong therapy
□ Patient acquired nosocomial (hospital acquired) infection □ Patient suffered hemolytic transfusion reaction
□ Patient suffered severe allergic reaction / anaphylaxis □ Patient was abducted
□ Patient was assaulted □ Patient suicide □ Patient homicide
□ Unknown (*If you select this option, do not select any other choices.)* □ Other - please specify _____

10. Patient Harm *Select ONLY one*
□ No harm - An error occurred but with no harm to the patient
□ Harm - An error occurred which caused a minor negative change in the patient's condition.
□ Significant harm - Significant harm involves serious physical or psychological injury. Serious injury specifically includes loss of function or limb.
□ Patient death - An error occurred that may have contributed to or resulted in patient death.

11. Type of community *Select ONLY one*
□ Rural (lowly populated, farm, ranch land communities 10,000 or less)
□ Suburban (towns, communities of 10,000 to 50,000) □ Urban (any city over 50,000) □ Unknown

12. Type of facility or environment *Select ONLY one*
□ Ambulatory Care □ Assisted Living □ Behavioral Health □ Critical Access Hospital
□ Home Care □ Hospitals □ Long Term Care □ Office - based Surgery
□ Physician / Provider Office or Clinic □ Unknown □ Other - please specify _____

NCSBN National Council of State Boards of Nursing

13. Facility Size *Select ONLY one*

□ 5 or fewer beds □ 6-24 beds □ 25-49 beds □ 50-99 beds □ 100-199 beds
□ 200-299 beds □ 300-399 beds □ 400-499 beds □ 500 or more beds □ Not applicable □ Unknown

14. Medical record system *Select ONLY one*

□ Electronic documentation □ Electronic physician orders □ Electronic medication administration system
□ Combination paper / electronic record □ Paper documentation □ Not applicable □ Unknown

15. Communication Factors *Check all that apply*

□ Communication systems equipment failure
□ Interdepartmental communication breakdown / conflict
□ Shift change (patient hand-offs)
□ Patient transfer (hand-offs)
□ No adequate channels for resolving disagreements
□ Preprinted orders inappropriately used (other than medications)
□ Medical record not accessible
□ Patient name similar / same
□ Patient identification failure
□ Computer system failure
□ Lack of or inadequate orientation / training
□ Lack of ongoing education / training
□ None (*If you select this option, do not select any other choices.*)
□ Unknown (*If you select this option, do not select any other choices.*) □ Other - please specify _____

16. Leadership / Management Factors *Check all that apply*

□ Poor supervision / support by others
□ Unclear scope and limits of authority / responsibility
□ Inadequate / outdated policies / procedures
□ Assignment or placement of inexperienced personnel
□ Nurse shortage, sustained, at institution level
□ Inadequate patient classification (acuity) system to support appropriate staff assignments
□ None (*If you select this option, do not select any other choices.*)
□ Unknown (*If you select this option, do not select any other choices.*) □ Other - please specify _____

17. Backup and Support Factors *Check all that apply*

□ Ineffective system for provider coverage
□ Lack of adequate provider response
□ Lack of nursing expertise system for support
□ Forced choice in critical circumstances
□ Lack of adequate response by lab / x-ray / pharmacy or other department
□ None (*If you select this option, do not select any other choices.*)
□ Unknown (*If you select this option, do not select any other choices.*) □ Other - please specify _____

18. Environmental Factors *Check all that apply*

□ Poor lighting □ Increased noise level □ Frequent interruptions / distractions
□ Lack of adequate supplies / equipment □ Equipment failure □ Physical hazards
□ Multiple emergency situations
□ Similar / misleading labels (other than medications)
□ Code situation
□ None (*If you select this option, do not select any other choices.*)
□ Unknown (*If you select this option, do not select any other choices.*) □ Other - please specify _____

19. Health team members involved in the practice breakdown *Check all that apply*

□ Supervisory nurse / personnel
□ Physician (may be attending, resident or other)
□ Other prescribing provider
□ Pharmacist
□ Staff nurse
□ Floating / temporary staff
□ Other Health professional (e.g., PT, OT, RR)
□ Health profession student
□ Medication assistant
□ Unlicensed Assistive Personnel (nurse aide, certified nursing assistant, CNA or other titles of non-nurses who assist in performing nursing tasks)
□ Other support staff □ Patient □ Patient's Family / friends
□ None (*If you select this option, do not select any other choices.*)
□ Unknown (*If you select this option, do not select any other choices.*) □ Other - please specify _____

20. Staffing issues contributed to the practice breakdown *Check all that apply*

□ Lack of supervisory / management support □ Lack of experienced nurses □ Lack of nursing support staff
□ Lack of clerical support □ Lack of other health care team support
□ None (*If you select this option, do not select any other choices.*)
□ Unknown (*If you select this option, do not select any other choices.*) □ Other - please specify _____

21. Health Care Team *Check all that apply*

□ Intradepartmental conflict / non-supportive environment
□ Breakdown of health care team communication
□ Lack of multidisciplinary care planning
□ Intimidating / threatening behavior
□ Lack of patient involvement in plan of care
□ Care impeded by policies or unwritten norms that restrict communication
□ Majority of staff had not worked together previously
□ Illegible handwriting
□ Lack of patient education
□ Lack of family / caregiver education
□ None (*If you select this option, do not select any other choices.*)
□ Unknown (*If you select this option, do not select any other choices.*)
□ Other - please specify _____

22. Nurse's year of birth _____ □ Unknown

23. Nurse's gender □ Female □ Male □ Unknown

24. Where nurse received nursing education

□ Unknown □ US □ Non-US, please list country _____

25. Indicate all degrees the nurse holds and list the year of graduation and year of initial licensure, if applicable

Degree(s)	Year of Graduation(s)	Year of Initial Licensure(s)	Unknown
_____	_____	_____	□
_____	_____	_____	□
_____	_____	_____	□

26. Current Licensure Status *Check ALL license(s) active at the time of the reported practice breakdown*

□ LPN/VN □ RN □ APRN

27. Is English the nurse's primary language?

□ Yes □ No □ Unknown

28. Did the nurse report completion of any continued competence activities or professional development activities in the last five years?

□ Yes □ No □ Unknown

29. Indicate the category of Advanced Practice Registered Nurse (APRN)

□ Not applicable since not an APRN
□ Nurse Practitioner
□ Nurse Anesthetist
□ Nurse Midwife
□ Clinical Nurse Specialist
□ APRN Category unknown
□ Other - please specify _____

30. Work start and end times (*based on a 24 hour clock*) when the practice breakdown occurred

Start time _____ am/pm End time _____ am/pm Time of incident _____ am/pm □ Unknown

31. Length of time nurse had worked for the organization where the practice breakdown occurred

□ Less than one month
□ One month - Twelve months
□ One - Two years
□ Three - Five years
□ More than five years
□ Unknown

32. Length of time nurse had worked in patient care location where the practice breakdown occurred

□ Less than one month
□ One month - Twelve months
□ One - Two years
□ Three - Five years
□ More than five years
□ Unknown

33. Length of time nurse had been in the specific nursing role at the time of the practice breakdown

□ Less than one month
□ One month - Twelve months
□ One - Two years
□ Three - Five years
□ More than five years
□ Unknown

34. Type of shift

□ 8 hour □ 10 hour □ 12 hour □ On call □ Unknown □ Other - please specify _____

35. Days worked in a row at the time of the practice breakdown (include all positions / employment)

□ First day back after time off □ Two - Three days □ Four - Five days □ Six or more days □ Unknown

36. Was the nurse working in a temporary capacity?

□ Yes □ No □ Unknown

37. Assignment of the nurse at time of the practice breakdown

□ Direct patient care □ Team leader □ Charge nurse □ Nurse manager / supervisor
□ Combination patient care / leadership role □ Unknown

38. How many direct care patients were assigned to the nurse at the time of the practice breakdown?

Number of Patients _____ □ Unknown

39. How many staff members was the nurse responsible for supervising at the time of the practice breakdown?

Number of Staff _____ □ Unknown

40. How many patients was the nurse responsible for overall (counting direct care patients and the patients of the staff the nurse was supervising at the time of the practice breakdown)?

Number of Patients _____ □ Unknown

41. Nurse's reported perception of factors that contributed to the practice breakdown ***Check all that apply***

□ Nurse's language barriers
□ Nurse's high work volume / stress
□ Nurse's drug / alcohol impairment / substance abuse
□ Nurse's inexperience (with clinical event, procedure, treatment or patient condition)
□ No rest breaks / meal breaks
□ Nurse's overwhelming assignment(s)
□ Nurse's mental health issues
□ Nurse's personal pain management
□ None
□ Unknown (*If you select this option, do not select any other choices.*)
□ Nurse's cognitive impairment
□ Nurse's fatigue / lack of sleep
□ Nurse's functional ability deficit
□ Nurse's lack of orientation / training
□ Nurse's lack of team support
□ Nurse's conflict with team members
□ Lack of adequate staff
□ Other - please specify _____

42. Supervisor or employer's perception of factors that contributed to the practice breakdown ***Check all that apply***

□ Nurse's language barriers
□ Nurse's high work volume / stress
□ Nurse's drug / alcohol impairment / substance abuse
□ Nurse's inexperience (with clinical event, procedure, treatment or patient condition)
□ No rest breaks / meal breaks
□ Nurse's overwhelming assignment(s)
□ Nurse's mental health issues
□ Nurse's personal pain management
□ None
□ Unknown (*If you select this option, do not select any other choices.*)
□ Nurse's cognitive impairment
□ Nurse's fatigue / lack of sleep
□ Nurse's functional ability deficit
□ Nurse's lack of orientation / training
□ Nurse's lack of team support
□ Nurse's conflict with team members
□ Lack of adequate staff
□ Other - please specify _____

43. Previous discipline history by current or previous employer(s) for practice issues

□ Yes □ No □ Unknown

44. Terminated or resigned in lieu of termination from previous employment

□ Yes □ No □ Unknown

45. Previous discipline by a board of nursing

□ Yes □ No □ Unknown

Please provide the previous Case Identifier(s), if available, or any other information describing the type of practice breakdown that resulted in previous discipline.

Our goal here is to be able to analyze cases in which a nurse had repeat / multiple practice breakdown issues.

46. Previous criminal convictions
□ Yes □ No □ Unknown

47. Employment Outcome ***Check all that apply***
□ Employer retained nurse □ Nurse resigned □ Nurse resigned in lieu of termination
□ Employer terminated / dismissed nurse
□ Unknown (*If you select this option, do not select any other choices.)* □ Other - please specify _____

48. Did the reported incident involve intentional misconduct or criminal behavior? ***Check all that apply***
□ No
□ Yes: Changed or falsified charting
□ Yes: Theft (including drug diversion)
□ Yes: Patient abuse (verbal, physical, emotional or sexual)
□ Yes: Other - please specify _____
□ Yes: Deliberately covering up error
□ Yes: Fraud (including misrepresentation)
□ Yes: Criminal conviction
□ Unknown

49. Did the practice breakdown involve a medication error?
□ Yes □ No *If No, skip to question 53* □ Unknown

50. Name of drug involved in the practice breakdown (*Include complete medication order)*
Drug ordered _____ Drug actually given _____ □ Unknown

51. The type of medication error identifies the form or mode of the error, or how the error was manifested.
Select the type of medication error: ***Check all that apply***
□ Drug prepared incorrectly □ Extra dose □ Improper dose / quantity □ Mislabeling □ Omission
□ Prescribing □ Unauthorized drug □ Wrong administration technique □ Wrong dosage form
□ Wrong drug □ Wrong patient □ Wrong route □ Wrong time
□ Wrong reason □ Abbreviations
□ Unknown (*If you select this option, do not select any other choices.*) □ Other - please specify _____

52. Select which factors contributed to the medication error ***Check all that apply***
□ Blanket orders □ Performance deficit □ Brand names look alike
□ Brand names sound alike □ Brand / generic drugs look alike □ Calculation error
□ Communication □ Computer entry □ Computerized prescriber order entry
□ Computer software □ Contra-indicated, drug allergy □ Contra-indicated, drug / drug
□ Contra-indicated in disease □ Contra-indicated in pregnancy / breastfeeding
□ Decimal point □ Dilutant wrong □ Dispensing device involved
□ Documentation inaccurate / lacking □ Dosage form confusion □ Drug devices
□ Drug distribution system □ Drug shortage □ Equipment design confusing / inadequate
□ Equipment (not pumps) failure / malfunction □ Fax / Scanner involved □ Generic names look alike
□ Generic names sound alike □ Handwriting illegible / unclear □ Incorrect medication activation
□ Information management system □ Knowledge deficit □ Label - Manufacturer design
□ Label - Your facility's design □ Leading / Missing zero □ Medication available as floor stock
□ Measuring device inaccurate / inappropriate □ Monitoring inadequate / inappropriate □ Non-formulary drug
□ Non-metric units used □ Packaging / container design □ Patient identification failure
□ Performance (human) deficit □ Prefix / Suffix misinterpreted □ Preprinted medication order form
□ Procedure / Protocol not followed □ Pump: failure / malfunction □ Pump: improper use
□ Reconciliation – Admission □ Reconciliation – Discharge □ Reconciliation material confusing / inaccurate
□ Repackaging by your facility □ Repackaging by other facility □ Similar packaging / labeling
□ Similar products □ Storage proximity □ System safeguard(s) inadequate
□ Trailing / terminal zero □ Transcription inaccurate / omitted □ Verbal order
□ Written order □ Workflow disruption □ Unknown (*Do not select any other choices.*)
□ Other - please specify _____

53. Did the practice breakdown involve a documentation error? ***Check all that apply***
□ Yes □ No □ Unknown
If Yes, the practice breakdown documentation error involved:
□ Pre-charting / untimely charting
□ Charting incorrect information
□ Incomplete or lack of charting
□ Charting on wrong patient record
□ Other - please specify _____

54. If Attentiveness / Surveillance was a factor in the Practice Breakdown ***Check all that apply***

□ Patient not observed for an unsafe period of time □ Staff performance not observed for an unsafe period of time
□ Other - please specify _____

55. If Clinical Reasoning was a factor in the Practice Breakdown ***Check all that apply***

□ Clinical implications of patient signs, symptoms and/or responses to interventions not recognized
□ Clinical implications of patient signs, symptoms and/or interventions misinterpreted
□ Following orders, routine (rote system) without considering specific patient condition
□ Poor judgment in delegation and the supervision of other staff members
□ Inappropriate acceptance of assignment or accepting a delegated action beyond the nurse's knowledge and skills
□ Lack of knowledge □ Other - please specify _____

56. If Prevention was a factor in the Practice Breakdown ***Check all that apply***

□ Preventive measure for patient well-being not taken
□ Breach of infection precautions
□ Did not conduct safety checks prior to use of equipment □ Other - please specify _____

57. If Intervention was a factor in the Practice Breakdown ***Check all that apply***

□ Did not intervene for patient □ Did not provide timely intervention □ Did not provide skillful intervention
□ Intervened on wrong patient □ Other - please specify _____

58. If Interpretation of Authorized Provider's Orders was a factor in the Practice Breakdown ***Check all that apply***

□ Did not follow standard protocol / order □ Missed authorized provider's order
□ Unauthorized intervention (not ordered by an authorized provider)
□ Misinterpreted telephone or verbal order □ Misinterpreted authorized provider handwriting
□ Undetected authorized provider error resulting in execution of an inappropriate order
□ Other - please specify _____

59. If Professional Responsibility / Patient Advocacy was a factor in the Practice Breakdown ***Check all that apply***

□ Nurse fails to advocate for patient safety and clinical stability
□ Nurse did not recognize limits of own knowledge and experience
□ Nurse does not refer patient to additional services as needed
□ Specific patient requests or concerns unattended
□ Lack of respect for patient / family concerns and dignity
□ Patient abandonment □ Boundary crossings / violations □ Breach of confidentiality
□ Nurse attributes responsibility to others □ Other - please specify _____

Select which Practice Breakdown categories you selected above is most significant (*Primary*)

□ Attentiveness/Surveillance
□ Clinical Reasoning
□ Prevention
□ Intervention
□ Interpretation of provider's orders
□ Professional responsibility / patient advocacy

Select which of the Practice Breakdown categories you selected above is the second most significant (*Secondary*)

□ Attentiveness/Surveillance
□ Clinical Reasoning
□ Prevention
□ Intervention
□ Interpretation of provider's orders
□ Professional responsibility / patient advocacy

60. Board of Nursing Outcomes

□ Board of Nursing disciplinary action
□ Alternative Program – The nurse was given the opportunity to participate in a non-discipline program to address practice and / or impairment concerns
□ Non-disciplinary action (e.g., letter of concern)
□ Referral to another oversight agency
□ Recommendations to the health care agency involved in the practice breakdown
□ Case dismissal (Reminder: cases dismissed do not meet the NCSBN research criteria for the aggregate data analysis.)

Did the Instrument allow you to capture the essential elements of the practice? □ Yes □ No If No, explain:

_____

Provide any additional comments and feedback regarding the TERCAP Instrument:

_____

_____